

AO 240 (1/94)

# United States District Court

DISTRICT OF

Plaintiff

## APPLICATION TO PROCEED WITHOUT PREPAYMENT OF FEES AND AFFIDAVIT

V.

Defendant

CASE NUMBER:

03 - 30283 - KPN

I, Juan Carlos Gomez Prose #191567 declare that I am the (check appropriate box)  
☒ petitioner/plaintiff/movant ☐ other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC. §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No" go to Part 2)

If "Yes" state the place of your incarceration Osborn Correctional Institution

335 Bilton Road, P.O. Box 100 Somers, Conn 06071

Are you employed at the institution? NO Do you receive any payment from the institution? NO

Have the institution fill out the Certificate portion of this affidavit and attach a ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions.

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "Yes" state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

1999 \$280 a week SALVATION ARMY  
1X Bridgeport, Conn.

3. In the past 12 months have you received any money from any of the following sources?

a. Business, profession or other self-employment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b. Rent payments, interest or dividends	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c. Pensions, annuities or life insurance payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d. Disability or workers compensation payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
e. Gifts or inheritances	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
f. Any other sources	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

If the answer to any of the above is "Yes" describe each source of money and state the amount received and what you expect you will continue to receive.

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4. Do you have **any** cash or checking or savings accounts? ☒ Yes ☐ No  
 If "Yes" state the total amount. INMATE ACCOUNT ~~about \$3,000~~
5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property? ☐ Yes ☒ No

If "Yes" describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

Joanne Liscio, Jodi Liscio, Joshua Liscio, and Jacob Liscio.

I declare under penalty of perjury that the above information is true and correct. , To the best of my knowledge.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT

### CERTIFICATE

(Incarcerated applicants only)  
 (To be completed by the institution of incarceration)

I certify that the applicant named herein has the sum of \$ 47.02 on account to his/her credit at (name of institution) CT Dept. of Correction. I further certify that the applicant has the following securities to his/her credit: \_\_\_\_\_

\_\_\_\_\_. I further certify that during the past six months the applicant's average balance was \$ 31.14.

11-6-03  
DATE

Lauren M. Marziary, FAO  
SIGNATURE OF AUTHORIZED OFFICER

Inmate Trust Fund

IM114

CONNECTICUT DEPARTMENT OF CORRECTION  
T R U S T A C C O U N T S T A T E M E N T

OTRTASTA  
4.10.0.0.9 TR

DOC: 0000191567 Name: GOMEZ, JUAN  
LOCATION: 115-U

DOB: 01/19/1967

Max Date:

ACCOUNT BALANCES Total : 47.02 CURRENT: 47.02 HOLD: 0.00

06/06/2003 11/06/2003

SUB ACCOUNT	START BALANCE	END BALANCE
SPENDABLE BALANCE	0.00	47.02

DEBTS AND OBLIGATIONS

TYPE	PAYABLE	INFO NUMBER	AMOUNT OWING	AMOUNT PAID
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TRANSACTION DESCRIPTIONS --			SPENDABLE BALANCE	SUB-ACCOUNT
DATE	TYPE	TRANSACTION DESCRIPTION	TRANSACTION AMT	BALANCE
09/02/2003	OP	Re-Open Closed Account	0.00	0.00
09/02/2003	DAR	Admit Receipts 121 24219	22.41	22.41
09/02/2003	HOA	HOLD - FRANKLIN CNTY HOUSE	( 22.41)	0.00
09/11/2003	DMR	Mail Receipts 121	25.00	25.00
09/11/2003	DMR	Mail Receipts 121	20.00	45.00
09/16/2003	HOR	Remove Hold	22.41	67.41
09/18/2003	CRS	CRS SAL ORD #1982695 D2	( 20.55)	46.86
09/24/2003	CRS	CRS SAL ORD #1988593 D1	( 19.47)	27.39
09/26/2003	CEC	CEC SAL ORD #1982695	20.55	47.94
09/30/2003	CRS	CRS SAL ORD #1999809 D1	( 22.20)	25.74
10/02/2003	DSP	Inmate State Pay 121 092503	5.25	30.99
10/06/2003	CRS	CRS SAL ORD #2014290 D1	( 19.24)	11.75
10/09/2003	WPHO	Photos SP 115	( 3.00)	8.75
10/15/2003	CRS	CRS SAL ORD #2029074 D1	( 6.11)	2.64
10/20/2003	CRS	CRS SAL ORD #2040563 D1	( 2.42)	0.22
10/20/2003	DMR	Mail Receipts 115	50.00	50.22
10/27/2003	DSP	Inmate State Pay 115 101603	6.75	56.97
10/28/2003	CRS	CRS SAL ORD #2053766 D1	( 49.34)	7.63
10/30/2003	WPHO	Photos SP 115	( 6.00)	1.63
11/03/2003	DMR	Mail Receipts 115	50.00	51.63
11/04/2003	CRS	CRS SAL ORD #2065707 D1	( 6.11)	45.52
11/05/2003	DSP	Inmate State Pay 115 103003	1.50	47.02

*PLEASE Acknowledge RECEIPT of this*

*PAPER WORK! AND 'NEW ADDRESS'*